

this country that are at stake, that are vulnerable.

I would urge further consideration of VAWA by the United States Congress.

ON THE 35TH ANNIVERSARY OF MEDICARE, CONGRESS SHOULD REPAIR GAPS IN COVERAGE

(Mr. DEUTSCH asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. DEUTSCH. Mr. Speaker, this year we celebrate the 35th anniversary of Medicare. The program has benefited over 93 million Americans since it was signed into law on July 30, 1965, by President Johnson.

Yet, our health care system has changed dramatically since then, with medical technology in many ways leading the way, and Medicare has not kept pace with that. I am concerned about the widening gap between the Medicare program and the cutting edge of medical technology.

I am concerned because it means that more than 90,000 Medicare-aged people in my district cannot gain access to advanced treatment and technologies they need. As Congress looks at adjustments to the program, we must act now to repair the gaps in Medicare for the next 35 years of medical innovation.

Medicare's procedure for adding new technologies to the program involve coverage, coding, and payment decisions. Unfortunately, problems and delays have occurred at each of these stages. The result is that now it can take more than 4½ years or more to make the latest breakthrough treatments available to beneficiaries.

I believe that Medicare patients have waited long enough for a program that gives them access to the advanced medical technologies they need. That is why I am pleased to lend full support of H.R. 4395, the Medicare Patient Access to Technology Act, a bipartisan bill which hopefully we will pass this session, and which will lead to 21st century medicine for Medicare beneficiaries.

SUPPORT THE PRESIDENT'S REQUEST FOR INCREASED FUNDING FOR THE COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM

(Mr. BROWN of Ohio asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BROWN of Ohio. Mr. Speaker, I rise today to celebrate the 26th anniversary of the Community Development Block Grant Program. This program put local development decisions in the hands of those who know best, those who live and work in our community.

This long-term commitment to responsible flexibility has paid off. The average housing program leverage is \$2.31 for every Federal dollar spent.

Unfortunately, the Republican leadership has chosen to commemorate 26 years of job creation and increased affordable housing and water improvements by stripping the block grant program of \$300 million in the fiscal year 2001 VA-HUD bill.

In Lorais, Ohio, a community in my district struggling with the loss of industry and experiencing rents as much as 50 percent of income, these cuts translate into a loss of jobs, jobs that would have been created next year through construction projects, small business developments, and retraining programs.

This program is simple, it is effective, it is efficient. Communities in northeast Ohio and across the country are depending on it. Proposed 2001 funding levels will, unfortunately, hang them out to dry.

I urge my colleagues to continue our commitment to improving people's quality of life. Let us support the President's request and increase funding for the Community Development Block Grant Program.

RYAN WHITE CARE ACT AMENDMENTS OF 2000

Mr. GOSS. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 611 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 611

Resolved, That upon the adoption of this resolution it shall be in order without intervention of any point of order to consider in the House the bill (S. 2311) to revise and extend the Ryan White CARE Act programs under title XXVI of the Public Health Service Act, to improve access to health care and the quality of care under such programs, and to provide for the development of increased capacity to provide health care and related support services to individuals and families with HIV disease, and for other purposes. The bill shall be considered as read for amendment. The amendment in the nature of a substitute printed in the Congressional Record and numbered 1 pursuant to clause 8 of rule XVIII shall be considered as adopted. The previous question shall be considered as ordered on the bill, as amended, to final passage without intervening motion except: (1) one hour of debate on the bill, as amended, equally divided and controlled by the chairman and ranking minority member of the Committee on Commerce; and (2) one motion to recommit with or without instructions.

The SPEAKER pro tempore. The gentleman from Florida (Mr. GOSS) is recognized for 1 hour.

Mr. GOSS. Mr. Speaker, for purposes of debate only, I am pleased to yield the customary 30 minutes to my friend, the distinguished gentleman from Ohio (Mr. HALL), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for purposes of debate only.

Mr. Speaker, this is a fair and straightforward closed rule for a very important piece of legislation. The rule waives all points of order against con-

sideration of the bill and provides that the amendment in the nature of a substitute printed in the CONGRESSIONAL RECORD shall be considered as adopted.

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This is largely a noncontroversial bill. As no members of the minority testified differently last night at the Committee on Rules, this rule should receive unanimous support, and I urge support.

This reauthorization of the Ryan White CARE Act recognizes the changing demographics of the AIDS epidemic in our country in a way that truly honors the memory of the courageous young boy for which the bill was originally named. Today, there are between 800,000 and 900,000 persons living with HIV in the United States of America with some 40,000 new infections annually. This conference report seeks to shift resources to the most needy areas while preserving the best features of the current programs.

The gentleman from Virginia (Chairman BLILEY) should be commended for his leadership and attention to this critical public health issue which is of concern to every Member of this body. I am hopeful that the progress made on this authorization will spur funding for another essential program for individuals afflicted with the HIV virus.

As my colleagues remember and well know, this House led the way and adopted the Ricky Ray Authorization Act in the last Congress. It authorized \$750 million for compassion assistance and recognition to hemophiliacs who contracted AIDS through no fault of their own because of contaminated blood products in the 1980s.

Now, the first installment was provided last year, and this year the gentleman from Florida (Chairman YOUNG) of the Committee on Appropriations should be commended for exceeding the President's request in the House version of the Fiscal Year 2001 Labor-HHS appropriation bill for the next installment.

As negotiations continue and we near the end of this Congress, I am hopeful that the White House will become fully engaged on the Ricky Ray funding problem and work with leadership and Congress to provide full funding for these victims as soon as humanly possible. The need is great and the time is now.

I am confident that, if the White House shows true leadership and demonstrates that this problem is really a top priority for them, we will be able to move further toward full funding this year. Obviously we cannot undo the tragic events of the 1980s, but we can work to provide assistance to these individuals before it is any later.

Mr. Speaker, this rule should engender little debate. It is a fair rule for a good bill. I urge its adoption.

Mr. Speaker, I reserve the balance of my time.

Mr. HALL of Ohio. Mr. Speaker, I want to thank the gentleman from